SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED • IND. DEP. IND. DEP. IND. DEP. INC. DEP. IND. DEP. IND. DEP. _10 1{ 69-29 .83 . 89 TOTAL IND. TOTAL DEP. 認認認 LAME (3-78) STRENGI. INA SO ENGLED LANOTTICHA SOR ANI. IDNENTS

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